



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

	Application or Docket Number										
	09/119632										
MAI TYP	_	ENTI		OR	OTHER THAN SMALL ENTITY						
ATE		FEE			RATE	FEE					
, 1		395.00		OR		790.00					
611=				OR	x\$22=						
41=				OR	x82=						
35=				OR	+270=						
OTAL				OR	TOTAL	790					
SMA	LL I	ENT	ITY	OR	OTHER THAN SMALL ENTITY						
ATE		AD TIOI FE	NAL	:	RATE	ADDI- TIONAL FEE					
S11=	:			OR	x\$22=						
41=				OR	x82=						
35=	=			OR	+270=						
TOTA T. FE				OR	TOTAL ADDIT. FEE						
ATE		TIO	DI- NAL E		RATE	ADDI- TIONAL FEE					
§11=	= [OR	x\$22=						
41=				OR	x82=						
135=	=			OR	+270=						
TOT/				1	TOTAL						

				-							- - (
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
FOR	FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE			Bio.		retra.				395.00	OR		790.00	
TOTA	TOTAL CLAIMS / n			minus	20 =	*			x\$11=		OR	x\$22=	
INDE	INDEPENDENT CLAIMS 3 =				ıs 3 =	*			x41=		OR	x82=	
MUL	MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If th	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	750
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	P	CLA REMA AFT AMENE	INING FER		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	YIC	Minus /	791	150	=		x\$11=		OR	x\$22=	
ME	Independent	*		Minus	***		=		x41=		OR	x82=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						AIM		+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
ENDMENT B	10	REMA	IMS INING FER DMENT		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ΣΩ	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
AMEN	Independent	*		Minus	***		=		x41=		OR	x82=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
ပ			IMS			GHEST JMBER	PRESENT		DATE	ADDI-		DATE	ADDI-

AMENDMENT AMENDMENT PAID FOR Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AFTER

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RATE TIONAL RATE **TIONAL** FEE FEE x\$11=OR x\$22=x82 =x41 =OR +135= +270= TOTAL OR ADDIT. FEE

EXTRA

PREVIOUSLY